DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OUR PLACE (410471)

Address: 1117 CLARA AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 06/01/1982

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096601 End Date: 03/13/2006 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007267 Served 03/25/2006

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.13(4)(a) COMMUNICABLE DISEASE CONTROL 83.14(1)(d) FIRE SAFETY, FIRST AID & CHOKING

83.41(10)(a) BUILDING MAINTENANCE

Survey ID: 0091481 End Date: 09/25/2003 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 03/23/2006 SOD #10007267 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

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